



# State of New Hampshire

## 2014 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2014

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 04/02/2014

Business ID: 603743

William M. Gardner

Secretary of State

MARKER 21 HOLDINGS, LLC

130 CENTRAL AVENUE

DOVER, NH 03820

### ADDRESS OF PRINCIPAL OFFICE:

130 CENTRAL AVNUE

DOVER, NH 03820

### REGISTERED AGENT AND OFFICE:

HUGHES, JOHN E, ESQ

MCLANE LAW FIRM, 900 ELM STREET

MANCHESTER, NH 03101

ENTITY TYPE: LLC

BUSINESS ID: 603743

STATE OF DOMICILE: NEW HAMPSHIRE

OWN, MANAGE AND OTHERWISE DEAL WITH REAL ESTATE AND  
SECURITIES OF EVERY KIND

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

### MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

### MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

MEMB. Kristen Hopkins

STREET 130 Central Avenue

CITY/STATE/ZIP Dover Nh 03820

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by the manager, if no manager, must be signed by a member.  
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Kristen Hopkins

Please print name and title of signer:

Kristen Hopkins

/

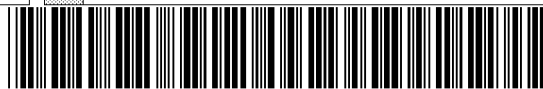
MEMBER

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



060374320141001

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

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